

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030339

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7914

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Edgewater Nursing Home

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR

Webster Groves

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(if outside, give location)

323 Dobbin Rd.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

SOPHIE

Middle

T.

Last

NESBITT

4. DATE
OF
DEATH

Month

Day

Year

Aug.

3

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

9-8-1871

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Germany

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anton Bader

13b. MOTHER'S MAIDEN NAME

Teresa Hart

14. NAME OF HUSBAND OR WIFE

Late Samuel Nesbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCE
(Yes, no, or unknown) (If yes, give war or dates)

No

None

Y NO.

17. INFORMANT

Address

Laura Booker 323 Dobbin Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs +

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

10 yrs +

DUE TO (c)

Senility

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

4221

PART III. If deceased, was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/5/54

to

8/3/62

and last saw her

7/21/63

Death occurred at

3:25 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert P. Smith

22b. ADDRESS

5203 CHIPPWA

22c. DATE SIGNED

8/3/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Aug. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

AUG 5 1963

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

24/067

3

4 1

5 2

6

7 2

8 2

9

10

11

12 86-0

13

86

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin A. McHernatt

Licensed Embalmer No. 3024

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.